



# Office of Senator Thomas R. Carper

## INTERN APPLICATION

### PERSONAL INFORMATION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

School Address:    Until: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Number(s):

\_\_\_\_\_ (Cell/Home)      \_\_\_\_\_ (Cell/Home)

Permanent Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Parent(s)/Guardian(s) Names:

\_\_\_\_\_

Parent(s)/Guardian(s) Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Number(s):

\_\_\_\_\_ (Cell/Home)      \_\_\_\_\_ (Cell/Home)

Name: \_\_\_\_\_

## INTERNSHIP PREFERENCES

Session of interest (circle one):

Fall Semester

Spring Semester

Summer Session

Are you applying to any other Senate office internships this semester?

Yes \_\_\_\_\_ No \_\_\_\_\_

Office Preference: Dover

Georgetown

Wilmington

Washington DC

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

## AVAILABILITY

Please indicate the dates and times you are available:

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ M Tu W Th F \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

## SCHOOL INFORMATION

College or University: \_\_\_\_\_

Fr So Jr Sr Graduate Student (circle one)

Graduation Year: \_\_\_\_\_

Major/Minor: \_\_\_\_\_ GPA: \_\_\_\_\_ out of \_\_\_\_\_

## RÉSUMÉ INFORMATION

Please submit a résumé with your application. In the space below, or on a separate sheet of paper, please identify two qualifications or experiences that you believe make you the best candidate for this position.

1) \_\_\_\_\_

2) \_\_\_\_\_

## PROGRAM AFFILIATIONS

Please list below all programs with which you have an affiliation.

## WRITING SAMPLE

Please submit two writing samples. These could be pieces of yours that you have published or assignments you have worked on in school. Neither should be more than 1000 words.

## WORK ELIGIBILITY

Are you legally authorized by the United States to be in the United States during the period of your internship? Yes \_\_\_\_\_ No \_\_\_\_\_

## CERTIFICATION

I certify that all of the information I have supplied on this application is true, correct, complete and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this application, or the withholding or omission of any information requested on this application, may be grounds for not considering me for an internship, or for terminating my internship after it begins, and may be punishable by fine or imprisonment (U.S. Code, Title 18 Sec. 1001).

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Signature

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Date

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Office Notes